prevention of suffering, no matter what the circumstances.

There are many other problems with Dr Kornfeld's article and with the other related articles in the issue. Serious discussion requires more space than is appropriate for a letter to the editor. I am preparing an original article on medical and ethical arguments for civil defense, and will submit this as soon as possible.

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*DDP is a new organization of physicians, scientists and health professionals, which endorses the idea that it is an ethical imperative to attempt to save lives and alleviate suffering in any type of catastrophe, whether it be man-made or natural, large or small, nuclear war, accident, terrorism or any other disaster.

REFERENCE

1. Kornfeld H: Nuclear weapons and civil defense—The influence of the medical profession in 1955 and 1983 (Medical Consequences of Nuclear War Symposium). West J Med 1983 Feb; 138:207-212

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To the Editor: During the past several years, I have felt The Western Journal of Medicine to be an excellent journal with well-researched, well-written articles. The February issue represents a marked change from that tradition and reputation. The articles on nuclear war belonged in the National Enquirer rather than The Western Journal of Medicine. I agree completely that nuclear war would be the greatest catastrophe that ever has or ever could appear on our planet. The thought of nuclear war and its consequences, however, is a reality that we cannot and should not ignore. Rather than stating that the majority of physicians and medical facilities would be destroyed or incapacitated, and therefore no plans should be made, it would be more appropriate to consider how the small remnants of medical resources can be organized to provide optimal care under the worst of circumstances. I have been involved in the care of the victims of a plane crash in Bolivia; supplies were inadequate and the hospital did not even have hot running water. Rather than screaming "we can't do it," adaptations and modifications were made such that the care of these victims, while perhaps not absolutely optimal, was certainly more than adequate. There is no way that my burn center or even hospital could handle all of the victims from a major airport or BART (San Francisco Bay Area Rapid Transit system) disaster. Nonetheless, we do have a plan for how we would handle what we could and triage what we could not.

I have always thought that physicians were morally committed to treat the victims of disease or injury no matter what the cause or the socioeconomic or political status of the victim. We treat prisoners of war as well as victims of war. By what logic do the so-called Physicians for Social Responsibility justify refusal to plan to treat victims of a war that they may oppose or the means by which it is fought? To slightly paraphrase Voltaire, I will defend to my vaporization in a nuclear fireball the right to object to that fireball, but I will condemn until the same time the refusal to consider how to treat those who are not at ground zero.

If The Western Journal of Medicine is going to print sociopolitical articles, then I feel it is only appropriate

to request invited dissent in the same issue. Failure to do this converts it to "The Western Journal of Politics."

JEROLD Z. KAPLAN, MD Medical Director Alta Bates Burn Center Berkeley, California

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TO THE EDITOR: I was most interested in the articles included in the February issue dealing with the consequence of nuclear war. Please envision the following scenario:

A long, long time ago, caveman Glumpf was walking among the rocks near his cave using a stick to balance himself. As he walked, a wild boar jumped at him. He lunged to get away and as he fell his stick was split by a rock on the ground. He used his stick, with rock attached, to hit and kill the boar.

That night, while he and his fellow cavemen ate the boar, he showed them his new tool (weapon); it's merits were discussed. All the men grunted the following over and over: "Mimika, paga paga, oomph" (translated: "Awesome"). Finally, one of the cavemen asked Glumpf if he would ever use his weapon (tool) on some of those pesky cave people on the next mountain. Glumpf thought about this and replied: "Ook, ba goo whatka youra thinka." Translated, this means "I would only show it to them to indicate what power I had, thus deterring a face-to-face conflict. Only under a severe and life-threatening situation would I utilize the mind-boggling power of this weapon."

Three days later, while hunting for food, Glumpf and some comrades accidentally came upon several members of that nearby tribe. Without thinking of any repercussions for all of mankind, he attempted to hit each one on the head with his new weapon (". . . to end all weapons"). Unfortunately for Glumpf, a member of the other tribe had also stumbled upon the idea for such a weapon. As the weapons cut the air, one by one, the members of the two tribes were felled. Finally, Glumpf made a lunge at the final member of the other tribe. Tragically, this final adversary with the weapon also made a final lunge at Glumpf. Would you believe that the blows hit simultaneously and both men were killed? Alas, the end of the story.

Now, please reassure me that someone in a high government position isn't related to Glumpf; because if one of his relatives has the same mentality, perhaps we had all better get accustomed to sitting around fires in caves—that is, those of us who are left after the mutual destruction. Perhaps one of us might even rediscover the wheel.

DANIEL A. GROSS, MD Tarzana, California

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To the Editor: Intellectual incest is not the usual WJM pattern. If your February subject were indeed the "Medical Consequences of Nuclear War," then my 1952 Flight Surgeon's Manual reveals nearly as much scientific information. I therefore infer that your greater purpose was to arouse interest in prevention. However, your presentation implied common sense to only one